## Unoblan,

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coodinistrating)
Certified Copies Certificates of Status
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DEPARTMENT OF STATE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			<u> </u>		
INDIAN CREEK EC	QUESTRIAN,	LLC			
			<u> </u>		
				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
			-	L.C. File	In
			<del></del>	Fictitious Name File	<b>1</b> F2
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				Annual Report / Reinstatement	-
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				Corp Record Search	<del></del>
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			<u> </u>	Fictitious Search	
Signature			<b>)</b>	Fictitious Owner Search	
•			l	Vehicle Search	
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Requested by: BA	3/29/17			UCC 1 or 3 File	<u>.</u>
Name	- Date	Time		UCC 11 Search	
				UCC 11 Retrieval	-
Walk-In	Will Pick Up			Courier	

## **COVER LETTER**

TO: Registration Division of C			
Indian Cr SUBJECT:	eek Equestrian, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
TPS		. 10 . cu	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter	to the following:	
	Heather Perry		
		Name of Person	
	Moraitis, Cofar, Karney &	Moraitis	
		Firm/Company	
	915 Middle River Drive, S	uite 506	=
		Address	17 MAR 28 AM
	Fort Lauderdale, FL 3330	4	28
	1 0 11	City/State and Zip Code	3
	hperry@mcklaw.com E-mail address: (	to be used for future annual report noti	•
For further information	concerning this matter, please c	·	S
Heather Perry		954 563-4163	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indian Creek Equestrian, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on March 28, 2017	and assigned
Florida document number L17000069107		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Notting Hill Stables, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		- <del> </del>
(Principal office address MUST BE A STREET ADDRESS	S)	<b>1</b> F3
		嘉 55.
•		28
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		e di
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	***************************************
	Enter Pioriaa Street aaa <b>ress</b>	
<u></u>	, Florida	
	Citv	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
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(If an et <u>Note:</u>	ive date, if other than the date of filing:  [cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 29 , 2017
	Signature of a member or authorized representative of a member
	Geoerge R. Moraitis, Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00